



AKT

CPAS AND BUSINESS CONSULTANTS

June 26, 2014

Via ECFS

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20544

Re: WC Docket Nos. 10-90
FCC Form 481 - Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422

Dear Ms. Dortch:

OTZ Telecommunications, Inc. (OTZT) with SAC #619011, by its authorized consultants, hereby files its FCC Form 481 – Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. § 54.313 and Section 54.422.

The FCC Form 481 has been completed, certified and submitted to the Universal Service Administrative Company. A copy of the FCC Form 481 has also been submitted to the Regulatory Commission of Alaska pursuant to § 54.313(i) and 54.422(c).

Any questions regarding this report may be directed to the undersigned. Thank you.

Sincerely,

Larry G. Snipes
AKT LLP, Consultants to OTZ
Telecommunications, Inc.
800 E. Dimond Blvd., Suite 3-670
Anchorage, AK 99515
Phone: (907) 522-2129
Fax: (907) 522-2127
Email: lsnipes@aktcpa.com

cc: Douglas Neal, Chief Executive Officer of OTZ Telecommunications, Inc.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	619011
<015> Study Area Name	OTZ Telecommunications, Inc.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Douglas A. Neal
<035> Contact Telephone Number: Number of the person identified in data line <030>	9074421000 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	dneal@otz.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">619011ak510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">619011ak610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	619011
<015>	Study Area Name	OTZ Telecommunications, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Douglas A. Neal
<035>	Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	619011
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

[illegible]

<010>	Study Area Code	619011
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

[illegible]

<010>	Study Area Code	619011
<015>	Study Area Name	OTZ Telecommunications, Inc.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	619011
<015>	Study Area Name	OTZ Telecommunications, Inc.
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<030>	Contact Name - Person USAC should contact regarding this data	Douglas A. Neal
<035>	Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net
<810>	Reporting Carrier	OTZ Telecommunications, LLC
<811>	Holding Company	OTZ Telephone Cooperative, Inc
<812>	Operating Company	

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	619011
<015>	Study Area Name	OT2 Telecommunications, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Douglas A. Neal
<035>	Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

<910> Tribal Land(s) on which ETC Serves

State of Alaska

<920> Tribal Government Engagement Obligation

619011ak920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select
(Yes, No,
NA)

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	619011
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

Please check this box to confirm no terrestrial backhaul
<1120> options exist within the supported area pursuant to § 54.313(G) ☒

Please check this box to confirm the reporting carrier offers
<1130> broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☒

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<015>	Study Area Name	OT2 Telecommunications, Inc.
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<030>	Contact Name - Person USAC should contact regarding this data	Douglas A. Neal
<035>	Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

619011ak1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 619011
 <015> Study Area Name OTZ Telecommunications, Inc.
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Douglas A. Neal
 <035> Contact Telephone Number - Number of person identified in data line <030> 9074421000 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> dneal@otz.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(iv))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039> Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: OTZ Telecommunications, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2014
Printed name of Authorized Officer: Doug Neal	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 9074421000 ext.	
Study Area Code of Reporting Carrier: 619011	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039> Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

[illegible]



OTZ TELECOMMUNICATIONS, INC.

P.O. BOX 369
KOTZEBUE, ALASKA 99752
(907) 442-2411
FAX (907) 442-2511
1-888-449-2411

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: WC Docket Nos. 10-90 and 11-42, Annual 47 C.F.R. § 54.313(a)(5) and § 54.422
Certification via Form 481, Line No. 510

Dear Ms. Dortch:

Please accept this letter as certification that **OTZ Telecommunications, Inc.** will make reasonable efforts to comply with applicable service quality standards as stated in Alaska Administrative Code 3 AAC 53.450(a), (b) and (c), consumer protection and service quality rules as defined in 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft.

OTZ Telecommunications, Inc. adheres to Consumer Protection by complying with the requirements of 47 C.F.R. Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

OTZ Telecommunications, Inc. adheres to Service Quality Standards by complying with the State of Alaska Administrative Code 3 AAC 53.450(a), (b) and (c), consumer protection and service quality.

Sincerely,

Douglas A. Neal
Chief Executive Officer



OTZ TELECOMMUNICATIONS, INC.

P.O. BOX 369
KOTZEBUE, ALASKA 99752
(907) 442-2411
FAX (907) 442-2511
1-888-449-2411

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: WC Docket Nos. 10-90 and 11-42, Annual 47 C.F.R. § 54.313(a)(6) and § 54.422
Certification via Form 481, Line No. 610

Dear Ms. Dortch:

Please accept this letter as certification that **OTZ Telecommunications, Inc.** will make reasonable efforts to function in emergency situations as set forth in 47 C.F.R. §54.202(a)(2) and in Alaska Administrative Code 3 AAC 53.410(a)(12) regarding functionality in emergency situations.

Back-up Power

OTZ Telecommunications, Inc. has the following back-up power capabilities:

Switches – stand alone and/or host

Kotzebue CO Switch	A total of eleven (11) APC 3000xI batteries with the capacity of reserve power for the switch and antennas for eleven (11) hours.
Noorvik CO Switch	A total of nine (9) APC 3000xI batteries with the capacity of reserve power for the switch and antennas for eleven (11) hours.
Selawik CO Switch	A total of nine (9) APC 3000xI batteries with the capacity of reserve power for the switch and antennas for eight (8) hours.

Ability to reroute traffic around damaged facilities:

OTZ Telecommunications, Inc. has three (3) remote switches connected to a central switch in Anchorage and the Public Switched Telephone Network. The switches are connected to the central switch by an Ethernet SIP trunk to Anchorage and a redundant connection through the local telephone company. **OTZ Telecommunications, Inc.** has a single spare system that includes a chassis and cards that could be deployed when needed in an emergency situation.

Capability to manage traffic spikes resulting from emergency situations

Kotzebue Exchange	OTZ Telecommunications, Inc. has 1,599 customers, switching capacity of 48 simultaneous calls cell to cell, 48 simultaneous calls cell to landline, and transport capacity for 48 simultaneous calls. OTZ Telecommunications, Inc. takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.
Selawik Exchange	OTZ Telecommunications, Inc. has 403 customers, switching capacity of 24 simultaneous calls cell to cell, 24 simultaneous cell to landline and transport capacity for 24 simultaneous calls. OTZ Telecommunications, Inc. takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.
Noorvik Exchange	OTZ Telecommunications, Inc. has 316 customers, switching capacity of 24 simultaneous calls cell to cell, 24 simultaneous cell to landline and transport capacity for 24 simultaneous calls. OTZ Telecommunications, Inc. takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.

Sincerely,



Douglas A. Neal
Chief Executive Officer

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 619011
<015> Study Area Name OTZ Telecommunications, Inc.
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Douglas A. Neal
<035> Contact Telephone Number - Number of person identified in data line <030> 9074421000 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> dneal@otz.net

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
AK	Kotzebue		MT	9.95	0.0	0.58	0.0	10.53
AK	Kotzebue		MT	4.95	0.0	0.29	0.0	5.24
AK	Kotzebue		MT	19.95	0.0	0.0	0.0	19.95
AK	Kotzebue		FR	35.0	0.0	2.04	0.0	37.04
AK	Kotzebue		MT	19.95	0.0	1.16	0.0	21.11
AK	Kotzebue		FR	30.0	0.0	1.75	0.0	31.75
AK	Kotzebue		FR	25.0	0.0	1.46	0.0	26.46
AK	Kotzebue		FR	14.95	0.0	0.87	0.0	15.82
AK	Kotzebue		MT	29.95	0.0	1.74	0.0	31.69
AK	Kotzebue		MT	34.95	0.0	2.03	0.0	36.98
AK	Kotzebue		MT	44.95	0.0	2.62	0.0	47.57
AK	Noorvik		MT	9.95	0.0	0.58	0.0	10.53
AK	Noorvik		MT	19.95	0.0	0.0	0.0	19.95
AK	Noorvik		MT	35.0	0.0	2.04	0.0	37.04
AK	Noorvik		MT	19.95	0.0	1.16	0.0	21.11
AK	Noorvik		MT	29.95	0.0	1.74	0.0	31.69
AK	Noorvik		MT	4.95	0.0	0.29	0.0	5.24
AK	Selawik		MT	9.95	0.0	0.58	0.0	10.53
AK	Selawik		MT	19.95	0.0	0.0	0.0	19.95
AK	Selawik		MT	35.0	0.0	2.04	0.0	37.04
AK	Selawik		MT	19.95	0.0	1.16	0.0	21.11

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	619011
<015>	Study Area Name	OTZ Telecommunications, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Douglas A. Neal
<035>	Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dneal@otz.net

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 619011

<015>	Study Area Name	OTZ Telecommunications, Inc.
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<020>	Program Year	2015
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<030>	Contact Name - Person USAC should contact regarding this data	Douglas A. Neal
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<035>	Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
-------	---	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> dneal@otz.net

<711>

<a1>

<a2>

(b1)

<b2>

<C>

<d1>

<d2>

<d3>

155

<d4>

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	619011
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<015>	Study Area Name	OTZ Telecommunications, Inc.
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<020>	Program Year	2015
-------	--------------	------

<030>	Contact Name - Person USAC should contact regarding this data	Douglas A. Neal
-------	---	-----------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	9074421000 ext.
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<039> Contact Email Address - Email Address of person identified in data line <030> dneal@otz.net

<810>	Reporting Carrier	OT2 Telecommunications, LLC
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<811> Holding Company	OTZ Telephone Cooperative, Inc
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<812> Operating Company

<B13>	<a1>	<a2>	<a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation

OTZ Telephone Cooperative, Inc.

613019

OTZ Telecommunications, LLC

619011

DBA OTZ Long Distance



OTZ TELECOMMUNICATIONS, INC.

P.O. BOX 369
KOTZEBUE, ALASKA 99752
(907) 442-2411
FAX (907) 442-2511
1-888-449-2411

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: WC Docket No. 10-90, Annual 47 C.F.R. § 54.313(a)(9) Certification via Form 481, Line No. 920

Dear Ms. Dortch:

Please accept this letter as certification demonstrating that **OTZ Telecommunications, Inc.** has coordinated with Tribal government as set forth in 47 C.F.R. §54.313(a)(9).

In 2013, **OTZ Telecommunications, Inc.** continued to work with all of the tribal administrators in our service area in order to comply with the Universal Service Transformation Order. **OTZ Telecommunications, Inc.** contacted the following organizations:

- Native Village of Ambler
- Buckland IRA Council
- Deering IRA Council
- Kiana Traditional Council
- Kivalina IRA Council
- Kobuk Traditional Council
- Kotzebue IRA Council
- Noatak IRA Council
- Noorvik IA Council
- Native Village of Selawik
- Shungnak IRA Council

Each tribal administrator was informed of **OTZ Telecommunications, Inc.**'s responsibility to work with all tribal offices regarding a variety of topics. Specifically, **OTZ Telecommunications, Inc.**'s discussions included (i) A needs assessment and deployment planning with a focus on Tribal community anchor institutions; (ii) Feasibility and sustainability planning; (iii) Marketing services in a culturally sensitive manner; (iv) Rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes; and (v) Compliance with Tribal business and licensing requirements.

Sincerely,

Douglas A. Neal
Chief Executive Officer



OTZ TELECOMMUNICATIONS, INC.

P.O. BOX 369
KOTZEBUE, ALASKA 99752
(907) 442-2411
FAX (907) 442-2511
1-888-449-2411

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: WC Docket Nos. 10-90 and 11-42, Annual 47 C.F.R. § 54.422(a)(2) Certification via Form 481, Line No. 1210

Dear Ms. Dortch:

Please accept this letter as certification that **OTZ Telecommunications, Inc.** offers Lifeline services as set forth in 47 C.F.R. §54.422(a)(2). The following information describes the terms and conditions of all voice telephony service plans offered to Lifeline subscribers

For its Cellular Lifeline service, **OTZ Telecommunications, Inc.** charges subscribers \$0.00 per month. This amount includes all federally mandated charges and access fees. Subscribers receive unlimited local minutes per month, unlimited text messaging and free voicemail. To qualify, a subscriber must fill out an application and certify that they meet the federal guidelines; copies of both are included on the following pages.

Additionally, **OTZ Telecommunications, Inc.** has provided a printout from its website with prices for special features. In order to add long distance service, a deposit of \$90.00 is required.

Sincerely,

Douglas A. Neal
Chief Executive Officer



OTZ & OTZT
P.O. Box 324
Kotzebue, AK 99752
Ph: 907 442 3114
Fx: 907 442 2123
Toll Free: 800 478 3111
www.otz.net



CERTIFICATION FOR LIFELINE SERVICE

PROGRAM RULES: Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. OTZ & OTZT are required by the Federal Communications Commission, or FCC, to verify your eligibility to participate in the Lifeline program.

Under penalty of perjury you must certify, acknowledge, and agree that the following statements in red are true to the best of your knowledge. Indicate your acknowledgement of each statement with a checkmark.

Only one Lifeline discount is allowed per household, consisting of either telephone or cell service. A household is not permitted to receive Lifeline benefits from multiple providers. Violation of the one-per-household requirement constitutes a violation of FCC rules and will result in your de-enrollment from the program, and potentially, criminal prosecution. A household is any individual or group of individuals who live together at the same address and share income and expenses.

- ☐ I CERTIFY MY HOUSEHOLD WILL RECEIVE ONLY ONE LIFELINE SERVICE AND, TO THE BEST OF MY KNOWLEDGE, MY HOUSEHOLD IS NOT ALREADY RECEIVING LIFELINE SERVICE.

APPLICANT INFORMATION

Last Name First Name Middle Billing Phone Number

Street Address (not a P.O. Box) City State Zip Code
The address listed above is ☐ Permanent OR ☐ Temporary

Social Security Number (last 4 digits) Date of Birth (mm/dd/yyyy)

BILLING ADDRESS

Street Address City State Zip Code

ELIGIBILITY REQUIREMENTS

You will be required to demonstrate eligibility based on (1) Participation in one of the assistance programs listed below; OR (2) Household income at or below 135% of Federal Poverty guidelines for your household size.

- ☐ I CERTIFY UNDER PENALTY OF PERJURY THAT I OR A MEMBER OF MY HOUSEHOLD MEETS THE INCOME-BASED OR PROGRAM BASED ELIGIBILITY CRITERIA FOR RECEIVING THE LIFELINE DISCOUNT.

Indicate by checkmark the program for which you are providing a document demonstrating your current program:

Alaska State Assistance Programs

- ☐ Adult Public Assistance Program
- ☐ Child Care Assistance Program (PASS I, II, & III)
- ☐ Woman, Infants and Children's Program (WIC)
- ☐ Alaska Heating Assistance
- ☐ Pioneer Home Payment Assistance
- ☐ Denali Kid Care
- ☐ Senior Care
- ☐ Alaska State Housing Corporation Programs
(Public Housing, Interest Rate Reduction for Low
Income Borrowers, Low Income Housing Tax Credit,
Home Investment Partnership Program)

U.S. Federal Assistance Programs

- ☐ Medicaid (not Medicare)
- ☐ SNAP (Food Stamps)
- ☐ Supplemental Security Income
- ☐ Federal Public Housing Assistance (Section 8)
- ☐ Low Income Home Energy Assistance
- ☐ Bureau of Indian Affairs General Assistance
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Head Start (only if meeting income/qualifying standards)
- ☐ National School Lunch Program
- ☐ Tribal Administered Assistance for Needy Families
- ☐ VA Pension or VA Disability Pension
- ☐ Senior Citizen Housing Development Fund

- ☐ I AGREE TO ATTACH A COPY OF A STATEMENT OF BENEFITS (CURRENT OR PRIOR YEAR) OR LETTER OF PARTICIPATION OR PARTICIPATION DOCUMENT (BENEFIT CARD) OR OFFICIAL DOCUMENT SHOWING PARTICIPATION IN STATE, FEDERAL OR TRIBAL PROGRAM. OTZ WILL NOT RETAIN DOCUMENT.

ELIGIBILITY REQUIREMENTS

If you do not qualify for Lifeline based on the assistance programs listed on page one, then the following chart can be used to determine eligibility for Lifeline based solely on income. You may qualify if your household annual income is at or below 135% of the Federal Poverty Guidelines. A household is any individual or group of individuals who live together at the same address and share income and expenses. If the income amount for your household size is more than the amount shown on the chart below you do not qualify for Lifeline discount based solely on income.

Federal Poverty Guidelines - 135%									
Household Size	1	2	3	4	5	6	7	8	More than 8
Alaska	\$19,683	\$26,541	\$33,399	\$40,257	\$47,115	\$53,973	\$60,831	\$67,689	Add \$6,858 for each

- ☐ I CERTIFY THAT MY TOTAL HOUSEHOLD INCOME IS AT OR BELOW THE 135% OF THE FEDERAL POVERTY GUIDELINES AND I ALSO CERTIFY THAT THIS IS HOW MANY PEOPLE LIVE IN MY HOUSEHOLD (required): _____

If your household qualifies based on the above income chart, attach a copy of the following applicable documents. If you provide documentation that does not cover a full year (such as a current paycheck stub), you must submit three (3) consecutive months of the same type of document from the previous 12 months.

- Prior year's state, federal or Tribal tax return
- Current income statement from an employer or paycheck stub
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement/Pension statement of benefits
- Unemployment/Workmen's Compensation statement of benefits
- Federal/Tribal notice letter of participation in General Assistance
- Divorce decree
- Child support award
- Other official document containing income information

ACKNOWLEDGEMENT & CONSENT

Your name, phone number, address, and information contained in the application, as well as information associated with your Lifeline service may be provided to the Universal Service Administration Company, or USAC, in order to verify your household does not receive more than one Lifeline benefit. You will be denied Lifeline benefits if you fail to provide OTZ with consent to provide the specified information to USAC.

- ☐ I ACKNOWLEDGE AND CONSENT THAT OTZ PROVIDE MY INFORMATION TO USAC AS MENTIONED ABOVE.
- ☐ I AGREE TO ALLOW OTZ TO EXCHANGE MY INFORMATION WITH FEDERAL OR STATE AGENCIES TO VERIFY MY ELIGIBILITY TO PARTICIPATE IN THE LIFELINE PROGRAM.
- ☐ I AGREE NOT TO TRANSFER MY LIFELINE BENEFITS TO ANOTHER PERSON.
- ☐ I AGREE TO PROVIDE A NEW ADDRESS TO OTZ WITHIN 30 DAYS IF I MOVE TO A NEW ADDRESS.
- ☐ I AGREE TO NOTIFY OTZ WITHIN 30 DAYS IF, FOR ANY REASON, I OR MY HOUSEHOLD:
- NO LONGER RECEIVE BENEFITS FROM FEDERAL OR STATE PROGRAMS THAT QUALIFY ME FOR LIFELINE.
 - IF MY ANNUAL HOUSEHOLD INCOME EXCEEDS THE FEDERAL POVERTY GUIDELINES AMOUNT LISTED ABOVE THAT QUALIFIED ME FOR THE LIFELINE PROGRAM.
 - RECEIVES MORE THAN ONE LIFELINE BENEFIT OR ANOTHER MEMBER OF MY HOUSEHOLD IS RECEIVING LIFELINE SERVICE.
- ☐ I ACKNOWLEDGE THAT I MAY BE REQUIRED TO RE-CERTIFY MY CONTINUED ELIGIBILITY FOR LIFELINE AND MY FAILURE TO RE-CERTIFY WILL RESULT IN DE-ENROLLMENT AND TERMINATION OF MY LIFELINE BENEFITS.
- ☐ I ACKNOWLEDGE THAT PROVIDING FALSE OR FRAUDULENT INFORMATION TO RECEIVE LIFELINE BENEFITS IS PUNISHABLE BY LAW.
- ☐ THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Billing Name Signature

Date

Print Beneficiary Name



OTZ Telephone Cooperative, Inc.
OTZ Telecommunications, Inc.

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[Check Your Cell
Phone Voicemail](#)



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Internet Account](#)



[View/Pay Your
Phone Bill](#)



[Telephone Service](#)

[Long Distance Service](#)

[Cellular Service](#)

[Internet Service](#)

[VHF Gear](#)

[Applications & Forms](#)

Weather for Kotzebue
Partly Sunny
Time: 10:00 am
Temp: 27
RealFeel Temp: 24
Humidity: 78
Winds: NNE at 13 mph

[Click for 5-day forecast!](#)
powered by AccuWeather.com



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KOTZ Radio](#)



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OTZ Cellular Plans

Sign up today for the OTZ Cellular Plan that works best for you...or your whole family. Here's an overview of our plans. Need help deciding? Just give us a call at 442-2411.

PICK YOUR PLAN

*Need a plan for the whole clan?
Got ya covered!
Add phones, share minutes and save!*

<u>2-3 Phones</u>	<u>4+ Phones</u>
Get \$40 off Internet*	Get \$12K Internet*
Free Caller ID	Free Caller ID
Unlimited Texting	Unlimited Texting
Voicemail*	Voicemail*

*Voicemail and Internet discount only available to Kotzebue residents.

PICK YOUR SPECIAL FEATURES

Add Special Features

- *Unlimited Text Messaging, \$5.95 per month*
- *Caller ID, \$3.95 per month*

More Roaming Options

- *50 Roaming Minutes, \$5.99 per month*
- *100 Roaming Minutes, \$9.99 per month*
- *200 Roaming Minutes, \$19.99 per month*
- *500 Roaming Minutes, \$39.99 per month*

Lifeline Monthly Rate: \$0.00/mo.

This includes all federally mandated charges and access fees. You may add special calling features for an additional charge. To see if you qualify for Lifeline, click [here](#).

SIGN UP!

Download your [cell service sign-up form here](#), or call us at 442-2411.